



City of Carlsbad

APPLICATION FOR EMPLOYMENT

1635 Faraday Avenue, Carlsbad, CA 92008
(760) 602-2440

1. POSITION APPLIED FOR:
(Exact Title)

2. NAME:

(PRINT LAST NAME)

(FIRST NAME)

(MI)

(Office Use Only)

ADDRESS:

CITY:

STATE:

ZIP:

E-MAIL:

HOME PHONE:

WORK PHONE:

3.	Have you applied for employment with the City of Carlsbad in the last six months? (If yes, please explain under "remarks")	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	May we contact your present employer if you are considered for final selection? (If no, please explain under "remarks")	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been discharged or forced to resign from a position? (If yes, please explain under "remarks")	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you related to any employee of the City of Carlsbad? (If yes, provide the name of that person and your relationship under "remarks")	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	After employment, can you submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been CONVICTED for a criminal offense which resulted in your being imprisoned, being placed on probation, or being required to pay a fine of more than \$25.00? This question does not apply to marijuana-related convictions under California Health and Safety Code sections 11357(b), 11357(c), 11360(b), 11364, 11365, or 11550 if more than 2 years have passed from the date of conviction. If yes, please provide on a <u>separate sheet of paper</u> : 1). NATURE OF OFFENSE 2). DATE 3). CITY & STATE 4). SENTENCE OR PENALTY <small>When answering Question 8, you should consider whether you have ever been convicted of any charges OTHER THAN minor traffic violations. (Drunk driving, reckless driving, hit-and-run, and "Failure to Appear" convictions are NOT minor traffic violations.) Conviction is not an automatic bar to employment; each case is considered on its own merits. A conviction includes a plea of guilty or no contest or a finding of guilty by a judge, commissioner, or jury.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
1 2 3 4 5 6 7 8 9 10 11 12			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED	MAJOR	DEGREE	SEMESTER UNITS COMPLETED

10. Certificates or Licenses of Professional or Vocational Competence:

11. Membership in Professional or Technical Associations:

(Please exclude any organization that discriminates on the basis of race, color, religion, sex, marital status, sexual orientation, national origin, veteran status, medical condition, or physical or mental disability.)

12. REMARKS

EXPERIENCE

13. LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN YEARS. Include active military service if any. **Put your present or most recent job first.** If you are attaching a resume, please transfer appropriate information onto this application. By being complete, you may improve your chance for employment. If you need more space, you may attach additional sheets.

From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for Leaving: _____ Monthly Salary: Lowest \$ _____ Highest: \$ _____ Hours per Week: _____
From: _____ To: _____ Month/Year Month/Year Employer Name & Address: _____ _____ _____ Supervisor Name & Title: _____ _____ Telephone: _____	Job Title: _____ Duties: _____ _____ _____ Reason for Leaving: _____ Monthly Salary: Lowest \$ _____ Highest: \$ _____ Hours per Week: _____
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PLEASE READ THE FOLLOWING VERY CAREFULLY BEFORE SIGNING AS IT CONTAINS IMPORTANT INFORMATION AND A WAIVER AND RELEASE OF LIABILITY

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief.

I understand that, to evaluate me for employment, the City may request information from my references and from my current or former employers and educational institutions. I also understand that the City may review my criminal history information, my driving record, and certain public records pertaining to me. In order to assist the City's evaluation, I authorize the release of information to the City regarding my prior and current employment, including without limitation: positions held, dates of employment, beginning and ending pay rates, work performance, and disciplinary records. I authorize the release of this information regardless of any agreement, instructions or representations I may have previously made to the contrary.

I further authorize the City to review public records pertaining to me and to investigate my driving record and criminal history, including the nature of any criminal convictions and the surrounding circumstances. I understand that a criminal conviction will not necessarily disqualify me from employment with the City.

In the event the City, for employment purposes, receives any public records of arrests, indictments, convictions, civil judicial actions, tax liens, or outstanding judgments pertaining to me:

- ☐ I do not wish to receive a copy of the public records.
- ☐ I do wish to receive a copy of the public records and I understand they will be provided to me within 7 days after they are obtained.

In consideration for the City's review of my application for employment, I waive any rights and claims I may have against any current or former employer or educational institution, any persons listed as a reference, or any entity from whom public records pertaining to me are obtained, including their officers, employees, losses, liabilities, or expenses (which includes attorney fees and costs) that may directly or indirectly result from the disclosure to, or use of the above information by the City. I further agree that a photocopy of this authorization may be used in lieu of the original for the purposes stated above.

Applicant Signature _____

Date _____

Social Security No. _____
 (Needed to obtain certain education and/or training records)

APPLICANT DATA COLLECTION FORM

As an Equal Opportunity Employer, the City of Carlsbad is required to submit periodic reports regarding applicants and current employees. To aid the City of Carlsbad in its commitment of Equal Opportunity Employment and in order to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your application in any way. Any information you volunteer will be kept confidential.

1. Please check one: ☐ Female ☐ Male
2. I consider myself to be (please check only one in this section):
 - ☐ WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
 - ☐ BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the Black racial groups of Africa.)
 - ☐ HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
 - ☐ AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)
 - ☐ ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.)

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities, may be eligible for reasonable accommodation under California Fair Employment and Housing Act and/or the federal American's with Disabilities Act. Please read the attached nondiscrimination policy statement or contact the Human Resources Department for further information.

I FIRST LEARNED OF THIS JOB OPENING THROUGH (Check one only):

- | | |
|--|---|
| <input type="checkbox"/> A friend or relative | <input type="checkbox"/> Visit to City's Human Resources Department
<input type="checkbox"/> Job Line or <input type="checkbox"/> Website/Internet |
| <input type="checkbox"/> Contact with a City Department/Employee.
If Department, specify which: _____ | <input type="checkbox"/> Received notification in the mail (job flyer) |
| <input type="checkbox"/> An advertisement (newspaper, publication, television or radio station), specify which _____ | <input type="checkbox"/> Referral from an organization or group, specify which: _____ |
| <input type="checkbox"/> Other, specify _____ | |

This form is being submitted for the position of _____ with the City of Carlsbad.